

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE							
						APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1							51							
2							52							
3							53							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		3					TOTAL IND.							
TOTAL DEP.		17					TOTAL DEP.							
TOTAL CLAIMS		20					TOTAL CLAIMS							